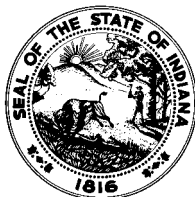


# **INDIANA STATE BOARD OF DENTISTRY**



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## **DENTAL CANDIDATE'S GUIDELINES**

**FOR**

## **THE CLINICAL EXAMINATION**

**JUNE 6-8, 2003  
OCTOBER 10-12, 2003**

**To be held at:**

**Indiana University School of Dentistry  
1121 West Michigan Street, Indianapolis, IN**

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## **General Information**

- The Indiana State Board of Dentistry (ISBD) reserves the right to terminate or delay the examination at any time for any reason including but not limited to: safeguarding the health, safety or comfort of the patient, candidate or examiners.
- All supporting documentation for the June 2003 examination applications must be received by May 19, 2003. All incomplete files not satisfying this requirement will be scheduled for the October 2003 examination.
- Patient sharing is allowed, however, scheduling logistics is the responsibility of the candidate.
- Only authorized personnel, patients and candidates are allowed in the operatory/unit during the examination.
- Candidates may ask questions anytime during the examination. The examiner will respond only if their response does not require clinical diagnosis, recommendation or interpretation.
- One or more examiners may evaluate a candidate's performance; this is to establish inter-rater reliability.
- Candidate operatory/unit assignments will be tagged with a laminated label that matches their corresponding candidate number. In case of equipment failure, notify an examiner or an IUSD employee immediately.
- An examination schedule will be mailed to each candidate 2-3 weeks prior to the examination. Each candidate must adhere to his or her assigned examination schedule. No modifications will be made.

If the candidate's patient has an unavoidable delay in arrival, the candidate may continue with the examination only if their call slip is presented to an examiner within 60 minutes of the clinic orientation time. If more than 60 minutes lapses from the start of the clinic orientation, the candidate will fail this portion of the examination.

- Although a candidate's scheduled start time may be scheduled later in the day, each candidate is required to attend the general orientation for each section of the examination that they are participating in, e.g., the periodontal general orientation may start at 8 a.m. while the candidate's periodontal clinic examination may start at 10 a.m., in this case the candidate must attend the 8 a.m. general orientation.
- Dental candidates may use a chairside dental assistant for the restorative and

complete denture portions of the examination. A dentist, dental student, dental hygienist, or dental hygiene student may not serve as a chairside assistant.

### **On-site Registration**

Each candidate's file must be complete before registration as requested by the Health Professions Bureau (HPB). Completed patient waiver forms, including the patient waiver signature, will be collected at registration. The HPB will mail candidates their patient waiver forms after the candidate's application has been received.

For identification purposes, each candidate will be given a badge with their picture and assigned candidate number. This badge must be visibly worn throughout the entire examination, and turned in at the completion of the examination. Individual names are not to be disclosed to examiners.

### **Professional and Clinical Standards of Conduct**

- Candidates must start and complete each examination within the specified time defined in their examination schedule. Failure will result if a candidate continues to write and/or provide treatment after the HPB staff and/or examiners have announced the termination of the examination.
- Candidate may use only the materials that are distributed or authorized by the HPB Staff and/or Examiners. Use of unauthorized materials will result in failure of the entire examination. All distributed materials are property of the ISBD and must be returned to specified areas.
- Candidates who display substantiated evidence of collusion, cheating, dishonesty, use of unwarranted assistance or intentional misrepresentation during registration or during the course of the examinations will result in failure of the entire examination.
- Candidates who display flagrant damage of equipment, lack of clinical knowledge, dexterity, disregard of universal precautions standards, and disrespect for the welfare of patients will be immediately dismissed and be required to retake the entire examination.
- Candidates should maintain a professional, clean and neat appearance, a professional attitude of being courteous, polite and cooperative with the examiners, HPB and IUSD staff, other candidates and patients.
- Candidates must provide original radiographs. Alteration of radiographs will result in failure of the entire examination. Original radiographs may be released back to the candidate upon written request

to the Health Professions Bureau 60 days after the results of the Examination have been released. Include a self-addressed, stamped envelope with the request.

- Candidates must provide complete and accurate medical/dental history records and proposed treatment for each patient. The patient's signature is required on the medical/dental history form. Incomplete or inaccurate history that results in compromised or endangered patient care will result in failure of the examination.

If appropriate, a medical consultation must be obtained from a physician indicating clearance for treatment and/or needed prophylactic antibiotic medication. The candidate is responsible for making arrangements for patients to obtain any medication they may need prior to clinical procedures.

- The universal tooth numbering system 1-32 will be used for charting. Missing teeth, existing restorations and pocket depths of 4 mm or more are to be recorded. Do not chart decay.

### **Infection Control Procedures and Universal Precautions**

Candidates are required to comply with the Center for Disease Control (CDC) recommendations and guidelines for infection control. Failure to comply with these standards may result in point deductions or failure of the examination.

All Candidates must use barrier techniques and disposables whenever possible. IUSD will provide gowns, gloves and masks. The following infection control procedures shall be strictly adhered to:

- Personal protective equipment (PPE), e.g., disposable gowns, masks, protective eyewear, and gloves must be worn when assisting or providing patient treatment and where universal precautions are recommended. Candidates must provide their own protective eyewear.
- Gloves must be worn when handling contaminated objects, e.g., during laboratory procedures, unit tear down, etc. Replace torn gloves as soon as possible. Contaminated gloves are not to be worn outside the operatory/unit.
- Hands are to be washed and dried after glove removal.
- IUSD will provide impervious-backed paper, aluminum foil or plastic wrap to cover surfaces that may become contaminated, e.g., light handles, unit switches. IUSD will provide a hospital level disinfectant

for surface and counter tops disinfection. Gloves are to be worn during unit disinfection procedures.

- All instruments used during clinical procedures that come in contact with oral tissues, e.g., handpieces, prophylaxis angles, air/water syringes, must be sterilized or discarded as a single use disposable item.
- Disposable used sharps are to be placed in spill proof, puncture resistant container. Needles are to be recapped with a one-handed method.
- All waste and disposal items shall be considered potentially infectious and shall be disposed of as is customary at the testing site in accordance with federal, state and local regulations.
- IUSD will provide resuscitation equipment, e.g., pocket masks, resuscitation bags, or other ventilation equipment in strategic locations to minimize the need for emergency mouth-to-mouth resuscitation.

### **Exposure to Blood borne Pathogens**

An exposure incident is defined as contact with blood or other potentially infectious materials (PIMS) through: needle stick, sharp or other percutaneous exposure, non-intact skin exposure such as an open cut, burn or abrasion, or contact with a mucous membrane, e.g., inside nose, eye or mouth.

If an exposure incident occurs, the following procedures are to be followed:

- Immediately following the exposure incident, clean the skin/punctured area with soap and water. Mucous membrane exposed to blood or other PIMS should be extensively rinsed with water or sterile saline.
- Immediately report the exposure incident to the desk coordinator or an examiner so that appropriate measures can be initiated and the exposure incident documented.

Failure to comply with infection control and disease barrier technique guidelines will result in either failure or point deductions from candidates' clinical scores.

### **State Law Examination**

The State Law Examination is a 50-question test that assesses the candidate's knowledge of Indiana laws and rules as it pertains to dentists and dental

hygienists. Study materials are included in the candidate application packet. Passing criteria is 75%.

### **Periodontal Clinical Examination**

The periodontal clinical examination assesses the ability of the candidate to remove plaque and stain, detect and remove subgingival calculus and accurately measure the depth of periodontal pockets without causing soft tissue damage.

Required instruments for evaluation of the periodontal clinical examination include:

- #4 mirror (or larger)
- Hu Friedy periodontal probe PCP 12
- Hu Friedy ODU 11/12 explorer

The candidate is responsible for providing the required instruments for the examination. The rental and use of handpieces, prophylaxis angles, hand instruments and miscellaneous supplies are available at IUSD. Call Christina Freeman at IUSD at 317-274-2749, or you may e-mail her at [cfreema@iupui.edu](mailto:cfreema@iupui.edu) if you have questions regarding the availability of instruments and supplies.

The use of disclosing solution is optional; the candidate must supply their own. The use of ultrasonic scalers is prohibited. Dental assistants are prohibited during the periodontal clinical examination.

### **Periodontal Patient Selection Criteria**

The candidate is responsible for securing his or her own patient. The ISBD strongly encourages each candidate to secure an alternate patient. The following is a list of criteria for a periodontal patient:

- Patient must be 16 years of age to participate in the examination. If a patient is under 18 years of age, a parental/guardian consent form must be signed.
- Patient must be available for the entire time of the candidate's scheduled examination. The candidate may dismiss the patient only after the examiner(s) has completed evaluation of the candidate's performance.
- Patient with orthodontic bands, brackets, or bonded retainers is prohibited.
- Patient with attachment loss greater than 8mm who cannot be reasonably instrumented without reflecting gingival flaps is prohibited.

## Periodontal Examination Radiograph Criteria

- Exposure date of the posterior bitewings must be within the past six (6) months prior to the examination date.
- Exposure date of the intraoral periapical radiographs must be within the past twenty-four (24) months prior to the examination date.
- Radiographs must be clinically diagnostic and mounted according to the universal numbering system (1 through 32) and ADA guidelines (ID dots up). The universal numbering system is as follows:

PERMANENT															
MAXILLARY RIGHT								MAXILLARY LEFT							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<hr/>															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
MANDIBULAR RIGHT								MANDIBULAR LEFT							

- Patient's name, exposure date(s), and the candidate identification number must be recorded on the radiograph mount using either a lead or mount marking pencil.
- Clearly number only the 6 teeth to be treated on the mount using a lead or mount marking pencil.

Note: IUSD radiology facilities will not be available on a routine basis for exposing or processing radiographs during the examination.

## Periodontal Examination Tooth Selection and Tooth Surface Selection Criteria

Deviation from tooth selection and tooth surface selection criteria will result in point deductions. Each candidate must present 6 teeth for evaluation as follows:

- 3 of the 6 teeth presented must be posterior teeth (molars/premolars). Of these three teeth, a minimum of 1 molar must be presented for treatment.
- Each of the 6 teeth presented for treatment must have a proximal tooth within 2mm.
- Each of the 6 teeth presented for treatment must have a minimum of 1 surface of explorer-detectable subgingival calculus. Calculus must be readily detectable.



Note: Explorer-detectable subgingival calculus is defined as a distinct/substantial deposit of calculus, which can be readily felt when an explorer passes over the calculus.

Each candidate must present 12 tooth surfaces for evaluation as follows:

- A minimum of 4 molar surfaces.
- No more than 4 surfaces on incisors.
- The remaining surfaces may be on cuspids, premolars, or molars.
- 3 of the 12 of selected surfaces MUST have pocket depths of 4-6mm. These 3 surfaces may be present on the same tooth.

Note: The candidate must treat all surfaces of the 6 teeth selected for treatment, not just the 12 surfaces being presented for evaluation.

### **Periodontal Treatment Selection Worksheet**

Each candidate is responsible for independently (no assistance from faculty or colleagues) completing the supplied treatment selection worksheet.

Both the treatment selection worksheet and medical/dental history forms should be completed prior to the clinical examination. Standard day of treatment medical updates are to be completed at the time of the clinical examination.

Instructions for completing the treatment selection worksheet:

- Record the 6 teeth selected for treatment in ascending numerical order in the appropriate boxes. Each tooth must have at least one surface of subgingival calculus identified for treatment.
- Record the presence of subgingival calculus on only 12 surfaces (mesial, distal, lingual and facial) of the selected teeth.
- Record the pocket depths of 4 mm or more on the selected teeth.

*Treatment Selection Worksheet*

Candidate # \_\_\_\_\_ 2003

Tooth Number \_\_\_\_\_ Probing depths  $\geq 4\text{mm}$  D/F \_\_\_\_\_ F \_\_\_\_\_ M/F \_\_\_\_\_ M/L \_\_\_\_\_ L \_\_\_\_\_ DL \_\_\_\_\_

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number \_\_\_\_\_ Probing depths  $\geq 4\text{mm}$  D/F \_\_\_\_\_ F \_\_\_\_\_ M/F \_\_\_\_\_ M/L \_\_\_\_\_ L \_\_\_\_\_ DL \_\_\_\_\_

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number \_\_\_\_\_ Probing depths  $\geq 4\text{mm}$  D/F \_\_\_\_\_ F \_\_\_\_\_ M/F \_\_\_\_\_ M/L \_\_\_\_\_ L \_\_\_\_\_ DL \_\_\_\_\_

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number \_\_\_\_\_ Probing depths  $\geq 4\text{mm}$  D/F \_\_\_\_\_ F \_\_\_\_\_ M/F \_\_\_\_\_ M/L \_\_\_\_\_ L \_\_\_\_\_ DL \_\_\_\_\_

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number \_\_\_\_\_ Probing depths  $\geq 4\text{mm}$  D/F \_\_\_\_\_ F \_\_\_\_\_ M/F \_\_\_\_\_ M/L \_\_\_\_\_ L \_\_\_\_\_ DL \_\_\_\_\_

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number \_\_\_\_\_ Probing depths  $\geq 4\text{mm}$  D/F \_\_\_\_\_ F \_\_\_\_\_ M/F \_\_\_\_\_ M/L \_\_\_\_\_ L \_\_\_\_\_ DL \_\_\_\_\_

Surface Treated								
	M							
	F							
	D							
	L							

## **Periodontal Clinical Logistics Overview**

1. Present to clinic with completed medical/dental history forms, original radiographs and completed treatment selection worksheet.
2. Set up assigned operatory/unit, attend orientation and seat your patient. The candidate may choose to use an alternate patient if he or she should determine after evaluation that their patient is unacceptable for treatment.
3. When the candidate is ready to have an examiner evaluate their patient, place your call slip in the rack at the coordinator's desk behind other call slips.
4. When the examiner arrives, the candidate will present the patient with a verbal assessment to be given regarding the patient's medical history, dental history, intended treatment, and any concerns relative to their care and treatment. An examiner may ask some questions regarding your patient and then ask you to leave your unit. After an examiner(s) has evaluated the patient, the candidate will be given a start/stop time indicated on their call slip. Candidates should not introduce themselves or their patient by name to the examiner at any time during the examination.
5. Begin treatment only after an examiner has instructed the candidate to proceed. The candidate is to inform the examiner if anesthetic is required.
6. The candidate has 90 minutes to complete treatment. The candidate must treat all surfaces of the 6 teeth selected for treatment, not just the 12 surfaces being presented for evaluation.
7. After the candidate has completed the treatment and is ready for the performance evaluation the candidate is to place their call slip in the rack at the coordinator's desk behind other call slips.
8. The candidate may dismiss their patient only after an examiner(s) has instructed them to do so. The examiner(s) is prohibited from discussing examination scores with the candidate or their patient.

After dismissal of the patient, the candidate must place all examination forms, records and original radiographs in the designated container. A stapler and coin envelope will be provided for radiograph storage and record fastening. A demo of required items that need to be submitted will be available for the candidate to inspect adjacent to the container.

Record the patient's name, exposure date, and candidate identification number on the coin envelope.

Note: If a candidate is sharing a patient and only one set of original radiographs is available, the first candidate may retain the original radiographs for the sharing candidate.

9. After submitting all required examination materials and documentation, the candidate must clean and disinfect the operator/unit.

### **Operative Clinical Examination**

The operative examination assesses the ability of the candidate to diagnose and manage the removal of decay followed by placement of a restoration.

The candidate is responsible for providing the required instruments for the examination. The rental and use of handpieces, hand instruments and miscellaneous supplies are available at IUSD.

### **Operative Examination Patient Selection Criteria**

The candidate is responsible for securing his or her own patient. The ISBD strongly encourages you to secure an alternate patient. The following is a list of criteria for a patient:

- A patient must be 16 years of age to participate in the examination. If a patient is under 18 years of age, a parental/guardian consent form must be signed.
- Your patient must be available for the entire time of your scheduled examination. You may dismiss your patient only after the examiner(s) has completed evaluation of your performance.

### **Operative Examination Radiographic Criteria**

- Exposure date of the posterior bitewings must be within the past 6 months prior to the examination date.
- Exposure date of the intraoral periapical radiographs must be within the past 24 months prior to the examination date.
- Only original complete series radiographs are acceptable. Duplicate radiographs are unacceptable.

- Radiographs must be clinically diagnostic and mounted according to the universal numbering system (1 through 32) and ADA guidelines (ID dots up).
- Patient's name, exposure date(s), and the candidate identification number must be recorded on the radiograph mount using either a lead or mount marking pencil.
- Clearly number only the teeth to be treated on the mount using a lead or mount marking pencil.

Note: IUSD radiology facilities will not be available on a routine basis for exposing or processing radiographs during the examination.

### **Operative Examination Tooth Selection/Restoration Criteria**

Deviation from tooth selection/restoration criteria will result in point deductions/failure of the examination. Each candidate must meet the following tooth selection/restoration criteria:

- Tooth must display a Class II carious lesion for the amalgam restoration and a Class III, or IV carious lesions for the composite restoration.
- Carious lesions must extend through the dento-enamel junction.
- A new carious lesion or an existing restoration with secondary decay may qualify for this examination. Teeth with existing restorations must have recurrent caries and/or sufficient loss of tooth structure to warrant alteration of outline form.
- For the Class II amalgam preparation/restoration the candidate must restore proximal contacts and opposing occlusion.
- Critical errors that will result in failure of the operative portion of the examination include but are not limited to:
  - Pulp exposure (this may result in failure).
  - Leaving caries in the completed preparation.
  - Scarring of the adjacent tooth necessitating the restoration of the adjacent tooth.
  - Leaving an open margin in the completed restoration.
  - Presenting a loose or fractured restoration for evaluation.

Note: If the lesion you have chosen is not to your satisfaction, you may present an alternative lesion/patient within your assigned time period. However, you may not present a new lesion after an examiner(s) has already approved a prior lesion.

## Operative Clinical Logistics Overview

1. Present to clinic with completed medical/dental history forms, and original radiographs.
2. Set up your unit, attend orientation and seat your patient. If after evaluating your patient, you find them unacceptable for treatment, you may choose to use an alternate patient.
3. When you are ready to have an examiner evaluate your patient, place your call slip in the rack at the coordinator's desk behind other call slips.
4. When the examiner arrives, the candidate will present the patient with a verbal assessment to be given regarding the patient's medical history, dental history, intended treatment, and any concerns relative to their care and treatment. An examiner may ask some questions regarding your patient and then ask you to leave your unit. Candidates should not introduce themselves or their patient to the examiner at any time during the examination. Begin treatment only after an examiner has instructed you to proceed.
5. After your preparation(s) are complete, place your call slip in the rack at the coordinator's desk behind other call slips. After the examiner(s) have completed the evaluation of your rubber dam placement and preparation(s), you will be asked to proceed with restoration placement. Begin your restoration process only after an examiner has instructed you to proceed.
6. After your restoration(s) is completed, place your call slip in the rack at the coordinator's desk behind other call slips.
7. After the examiner(s) have completed the evaluation of your restoration(s), you will be asked to dismiss your patient. Dismiss your patient only after the examiner has instructed you to do so.

After dismissing your patient, place all examination forms, records and original radiographs in the designated drop off container. A stapler and coin envelope will be provided for radiograph storage and record fastening. A demo of required items that need to be submitted will be available for you to inspect near the drop off container.

Record the patient's name, exposure date, candidate identification number and the procedure that was completed on the tooth, e.g., #12-DO amalgam on the coin envelope.

Note: If a candidate is sharing a patient and only one set of original radiographs is available, the first candidate may retain the original radiographs for the sharing candidate.

8. After returning all required documentation, disinfect your operator/unit.

### **Maxillary Denture Examination**

The maxillary denture examination assesses the candidate's ability to diagnose and perform the multiple disciplines needed to prepare a maxillary arch denture against an opposing denture or natural dentition up to the wax try-in stage.

The candidate is responsible for providing the required armamentarium for the examination. The rental and use of handpieces, hand instruments and miscellaneous supplies are available at IUSD.

### **Maxillary Denture Patient Selection**

- Candidates may select a patient with a full upper denture that occludes with a full lower denture, a mandibular partial denture or an all-natural lower dentition.
- If your patient has an all-natural lower dentition, all incisors and cuspids must be present. In addition, at least one bicuspid and one molar must be present on both right and left sides.

### **Maxillary Denture Examination Radiographic Criteria**

- Exposure date of radiograph(s) must be within 24 months of the examination date.
- Only original complete series or panoramic radiographs are acceptable. Duplicate radiographs are unacceptable.
- Panoramic radiographs are preferred for the edentulous maxillary arch.

## **Maxillary Denture Clinical Logistics Overview**

Prior to the start of the examination you may obtain and/or prepare the following:

- Model of the lower arch; this model may not be mounted.
- Custom tray(s) for the maxillary arch; do not have border molding completed prior to examination. A duplicated denture may not be used for a custom tray.
- Base plate adapted to a maxillary model of your patient.
- Unaltered denture teeth.

Note: You may not have the patient's upper denture or a stone model of the patient's upper denture in your possession at any time during the examination.

1. Present to clinic with completed medical/dental history forms, and original radiographs.
2. Set up your unit, attend orientation and seat your patient. If after evaluating your patient, you find them unacceptable for treatment, you may decide to use an alternate patient.
3. When you are ready to have an examiner evaluate your patient, place your call slip in the designated rack behind other call slips.
4. When the examiner arrives, the candidate will present the patient with a verbal assessment to be given regarding the patient's medical history, dental history, intended treatment, and any concerns relative to their care and treatment. An examiner may ask some questions regarding your patient and then ask you to leave your unit. Make sure to have your custom tray and upper stone model used to fabricate the custom tray on counter along with a #6 round bur placed in your straight handpiece.

Candidates should not introduce themselves or their patient to the examiner at any time during the examination. Begin treatment only after an examiner has instructed you to proceed.

5. After your impression and record base are complete, place your call slip in the designated rack behind other call slips. After the examiner(s) have completed their evaluation impression and record base, you will be asked to proceed with your set-up procedure. Begin your set up step only after an examiner has instructed you to proceed.
6. After your wax try-in is completed, place your call slip in the designated rack behind other call slips.



7. After the examiner(s) have completed their evaluation, you will be asked to dismiss your patient. Dismiss your patient only after the examiner has instructed you to do so.

After dismissing your patient, place all examination forms, records and original radiographs in the designated drop off container. A stapler will be provided for radiograph and record fastening. A demo of required items that need to be submitted will be available for you to inspect near the drop off container.

Record the patient's name, exposure date, and candidate identification number on radiograph being submitted.

Note: If a candidate is sharing a patient and only one set of original radiographs is available, the first candidate may retain the original radiographs for the sharing candidate.

8. After returning all required documentation, disinfect your operatory/unit.

## **Prosthetic Examination**

The prosthetic examination accesses the ability of the candidate to prepare/present the following:

- Prepare a porcelain jacket crown on a maxillary central incisor.
- Prepare a maxillary premolar for porcelain fused to metal crown.
- Prepare a full gold crown preparation on a maxillary molar.
- Present an accurate final impression of preparations.
- Present a provisional restoration on the porcelain jacket crown preparation and a provisional bridge for the premolar and molar preparations.
- Complete an endodontic access opening on a central incisor.

Your presence is expected in the laboratory during the entire examination. You must check out and check in with the examiner/HPB staff member when you need to leave the laboratory. Extended absences from the laboratory are not permitted and will result in failure.

No pre-existing models, notes or textbooks may be brought into the laboratory. You may use radios with earphones in the laboratory. You may not view the work of another candidate, nor allow another candidate to view your work. Only authorized personnel are allowed in the laboratory during the examination.

Required instruments for the prosthetic examination include:

The candidate is responsible for providing the required armamentarium for the examination. The rental and use of handpieces (four hole coupling tubing), hand instruments and miscellaneous supplies are available at IUSD.

Note: The ISBD will provide only 2 stock trays for impressions per candidate. Additional trays may be brought to be used by the candidate if so desired.

#### **Porcelain Jacket Crown on a Maxillary Central Incisor Criteria:**

- **Proximal form:** All walls should be parallel with a 5-7° occlusal convergence resulting in an appropriate path of insertion for the restoration. All walls should resolve in a cervical chamfer that is 1.2-1.5 mm in depth.
- **Incisal form:** The incisal portion is reduced 2 mm following the form of the incisal edge.
- **Lingual form:** The lingual surface should be reduced 1.2-1.5 mm and follow the lingual form of the tooth.
- **Finish Line:** The surface of the preparation is a smooth and satin finish. All line angles are rounded. There are no undercuts. All surfaces are reduced 1.2- 1.5 mm and the finishing line should be 0. 5mm occlusal to the CEJ or gingival margin (whichever is more occlusal).

#### **Porcelain Fused to Metal Crown on a Maxillary Premolar Criteria:**

- **Facial form:** The facial surface is reduced uniformly conforming with the facial curvature. A minimum of 1.2 mm –1.5mm of reduction is required. The facial shoulder, since it is being prepared on an ivorine tooth in a plastic cast, will be considered to be 0.5mm to 1 mm subgingival if it is prepared within 0.5 mm above the gingiva on the ivorine tooth or 0.5mm occlusal to the CEJ (whichever is more occlusal). The shoulder should extend 1mm lingual to the proximal contact area, and should be 1.2-1.5 mm in width.
- **Occlusal form:** The occlusal portion is reduced 1-1.5 mm following the form of the occlusal edge. There should be a 1-1.5 mm clearance in all excursions for metal coverage of the occlusal surface.
- **Lingual form:** The lingual surface is reduced so that it converges incisally approximately 5-7° relative to the facial reduction, and terminates in a chamfer 0.5mm in depth. There should be a smooth transition between the facial shoulder and the lingual chamfer.
- **Finishing line position, contour, and smoothness:** The surface of the preparation is smooth and satin finished. All line angles are rounded. There are no undercuts. All surfaces are reduced to their proper depth and 0.5mm from the CEJ or gingival line (whichever is more occlusal).

### **Full Gold Crown on a Maxillary Molar Criteria:**

- **Proximal form:** Consistent reduction at a minimum of 1 mm throughout. Walls of the preparation will slightly converge 5-7° toward the occlusal so no undercuts exist.
- **Occlusal form:** Occlusal reduction should follow the form of the tooth consistent with a 1mm reduction that holds true for all excursive movements.
- **Finishing line position, contour, and smoothness:** The surface of the preparation is smooth and satin finished. All line angles are rounded. There are no undercuts. All surfaces are reduced to their proper depth and 0.5mm from the CEJ or gingival line (whichever is more occlusal), and should terminate in a chamfer 0.5 mm in depth.

### **Final Impression of Dentiform Criteria:**

- The impression will be of the complete maxillary arch with the three preparations present. The impression should be of the quality that will be ready for pouring of the stone for the working models of the final restorations.

Note: Multiple impressions may be taken, if needed, in order to satisfy the requirement. However, all impressions taken are considered property of the State Board of Dentistry and may not leave the examination facility. Only one impression may be submitted for the examination, and all other impressions must remain and be discarded inside the examination room.

### **Provisional Restorations Criteria:**

- Restoration should replace pre-existing tooth structure, contours, and anatomy and be ready for cementation. A provisional bridge will be fabricated between the maxillary 1<sup>st</sup> molar and maxillary 1<sup>st</sup> premolar. A single tooth provisional restoration will be fabricated on the maxillary central.

### **Endodontic Access Opening for Maxillary Central Incisor Criteria:**

- **Outline form:** The opening should be slightly triangular in form with the apex toward the lingual surface and the base toward the labial or incisal. In the exact center of the tooth, access opening must be angled along the long axis of the tooth. Any dentin, which would trap debris, sealer or prevent access of files, broaches or pluggers, should be removed.
- **Opening of pulp chamber:** The opening is round in form in the exact center of the tooth.
- **Exposure of canal orifice:** Orifice of canal is exposed to allow for easy and complete instrumentation of canal.

## Prosthetics Examination Overview

1. Attend orientation and proceed to your assigned seat. Candidates should not introduce themselves to the examiner at any time during the examination. Begin treatment only after an examiner has instructed you to proceed.
2. Using a bur, inscribe your candidate number (example: "070") and the date (example: "10/03") on all models used during the prosthetic examination. These markings must be legible.

Prior to starting your preparation, you may smooth the flash on the approximating synthetic teeth. You should not alter the normal shape of the dentoform teeth. If there are any questions about your model, ask the examiner who is monitoring the examination.

3. Use your time well and complete all exercises according to examination guidelines.

Occlusion should be established as good as reasonably possible considering the hinged, articulated models. Contacts on the provisional restoration should be formed as you would clinically in the mouth.

The provisional restoration should be finished and ready for temporary cementation.

4. Be prepared to leave your workspace promptly when the examiner announces the end of the examination.

## Release of Examination Results

It is a violation of the law for any person to practice dentistry in Indiana without a license from the board authorizing that person to practice dentistry in the state.

Allow four to six (4-6) weeks for the HPB to process the scores and notify the candidate of the results of the examination. Do not call or visit the HPB office asking for information about the examination during that time. The HPB staff will not respond to telephone inquiries regarding candidate pass/fail status or candidate scores. Calling or visiting the HPB will only delay efforts to process the examination results.

It is the candidate's responsibility to notify the HPB regarding a name or address change.

A candidate must submit a legal proof of a name change if the intent is to use a name (i.e., married name) other than the name, which appears on the candidate's application. A license will not be issued with a name other than that which appears on the candidate's diploma or transcript. The candidate must submit a copy of their marriage license or other official documentation indicating their name change.

### **Policies Regarding Failure**

A candidate who fails one of the clinical sections, but passes the written state law examination, will be required to retake the clinical examination only, provided that the candidate return for one of the next two succeeding examinations. If the candidate does not take and pass the failed clinical section on one of the next two available examination dates, a new application must be filed and the entire examination must be retaken.

If the candidate fails to secure a passing score in only one section of the clinical examination, the candidate will be required to retake that section only, providing that the candidate returns for one of the two next succeeding examinations.

The candidate, who fails two or more sections of the clinical examination, must retake the entire clinical examination.

The candidate who fails the written state law examination only may retake it at a time, date, and place to be set by the HPB not sooner than thirty days from the time the written state law examination was last taken.

If a candidate fails the written state law or clinical examination two or more times, the candidate will be required to complete remedial education (approved by the ISBD) before being permitted to sit for the examination again

If a candidate fails the clinical examination three times, he/she must retake both the written state law and clinical examinations.

### **Appeal Process**

The Indiana State Board of Dentistry (ISBD) maintains an appeal process whereby an unsuccessful candidate may request a review of his/her individual examination results. Any request for such a review must be filed within eighteen days of the release of the examination results. Then a formal hearing will be scheduled before the ISBD.

A candidate may also request an informal review of their examination materials with an ISBD member. If a candidate chooses an informal review, they may not file an appeal before the ISBD.